

Louisiana Office of Citizens with Developmental Disabilities  
Acadiana Region Supports and Services Center  
Individual Support Plan

Name: Jim Doe	Date of ISP: October 25, 2010
Home: Gauthier's Place	Implementation Date: November 8, 2010



**Jim's Vision**

Throughout this year, I wish to continue having regular contact with family members through phone calls, mail, and visits. I also wish to continue participating in activities both at home as well as in the community. I understand that I must also continue to diligently work on exhibiting good behavior and better manage my anger. I am currently learning healthy strategies to use when I become upset.

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Important Things to Know About Me

<p>What past events have been important to me and helped shape my life?</p>	<p>Mr. Jim Doe was born on January 28, 1966 to AD and CL. Jim was the oldest of eight children born to Alberta; he reportedly had four brothers and two sisters. There are indications of a family history of mental illness and that Jim's mother did not have the mental capabilities to care for him. There is no specific information or records related to mom's pregnancy for Jim nor is there any early medical history record; the etiology of Jim's mental retardation is not known. According to Jim's sister, Jane, he had a twin brother, Ron, who drowned in 2006. Jane indicated that James didn't have the same mental/physical health issues as Jim and that the two did not have a close relationship at the time of James's death. According to records, Jim's mother was diagnosed with Bipolar Disorder; the whereabouts of Jim's father and other siblings are unknown. The only present contact he has with family members is with his mother, AD, who lives in St. Francisville and his sister, DD, who resides in Ethel.</p> <p>Records indicate that Jim was raised by a maternal aunt and was reportedly unmanageable by 9 years of age when he was placed in Blundon Home in Baton Rouge, LA; he remained here until 18 years of age. According to Jim, he attended St. Francisville High School until the eleventh grade. Limited information regarding Mr. Doe's educational history is available, only that he attended school and was enrolled in the special education program. Afterwards, he lived with several relatives and had admissions in the 1980s to Greenwell Springs Hospital in Jackson, LA. After leaving here, he had numerous placements. Ms. Doe indicated that Jim's first admission for behavioral issues was to East Louisiana State Hospital on 3/21/84 on a Physician's Emergency Certificate (PEC). He later transferred to Oakcrest Home Program for mentally challenged individuals on 4/27/84; during his stay here, crisis intervention procedures were required due to his aggressive behaviors. He was then discharged to Ruston State School on 5/30/84 and remained here until he was discharged to his sister's care on 10/9/90. On 11/5/90, he was admitted to Ruston Developmental Center (now Northeast Supports and Services Center). Since that time he has had multiple admissions including: Crossroads, St. Christina, Pauline Faulk, Jennings Behavioral Health Partial Program, Vermillion Hospital, Wyatt Manor Nursing Center, Central State Hospital, Bayou Vista</p>
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	Manor, and Bunkie General Hospital. He was admitted to Bunkie General Hospital by PEC on 8/17/08 until 8/21/08. He was then jailed in Avoyelles Parish for three days, until he was admitted to Huey P. Long Hospital in Pineville on 8/23/08. Jim remained at Huey P. Long Hospital until his admission to Acadiana Region Supports and Services Center (ARSSC) on 9/9/08. Jim resided at ARSSC until being discharged to Broussard Community Home in Baton Rouge in February of 2009. Jim was admitted to Acadia Vermillion Hospital in Lafayette on 9/30/09 and was readmitted to ARSSC on 10/08/09.
What are the family traditions and cultural preferences that are important to me?	It is important that I am able to call my mother or sister at least once a week. I also want to write my family members from time to time, as well as have personal visits.
What are my strengths and talents?	I have excellent communication skills and understanding. I am quite pleasant and enjoy conversing with others and socializing.
What support needs are most important to me?	Transportation is the support need most important to me.
What are desirable characteristics for people who support me?	I desire staff who encourage me to exhibit good behavior and praise me when I am good. I also want staff who provide me with opportunities to participate in activities and socialization.

What is most important to me: List those things that the people who work closely with the person need to know concerning those things that I must have in my life (e.g., must have cup of coffee first thing in the morning, must attend church on Sunday, shower vs. bath, etc.).
I like to have coffee in the morning. I also want to start attending church more often and become a regular attendee and member of a local church.

Communication/Learning Style

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How do I communicate best?	<ul style="list-style-type: none"> <li>• I communicate best by sentences, common gestures, facial expressions</li> <li>• I understand basic conversation in English</li> </ul>
What supports do I need to communicate?	<ul style="list-style-type: none"> <li>• I require no assistance to communicate most essential daily needs.</li> <li>• I have knowledge of pictures and some printed words.</li> <li>• Please consider I exhibit slurred speech and I may require cues to speak louder, slow down and exaggerate my speech to be intelligible (especially to unfamiliar communication partners).</li> </ul>
What is my learning style? (auditory, visual, hands on, modeling, etc.)	<p>I learn best by doing the task</p> <p>I also need more than one : Verbal prompt</p> <p>Please note: I sometimes present challenging behaviors that interferes with my learning style as I am easily distracted, perseverate on familiar topics, and do not always make the best choices in daily activities.</p>

List those important relationships that are in my life

Person	Relationship (family, friend, connection, boyfriend)	What they do for me (emotional support, transportation, help with shopping, support me at work/home, etc.)
Dorothy Doe	Sister	Emotional support
Alberta Doe	Mother	Emotional support

Other things that are important in my relationships: (include people I prefer not to be around)

Home Life

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Where do I live?	I live at Gauthier's Place at Acadiana Region Supports and Services Center.	<p>Supports Needed at Home: I have a highly restrictive behavior support plan that must be followed to help me manage my aggressive behaviors. It is important that my staff know my plan well so they can follow it as directed.</p> <p>My health is important to me also. I wish to have my health concerns addressed and keep up with my doctor appointments.</p>
With whom do I live?	I have several housemates on Gauthier.	
How did I choose my home?	I was referred to live at ARSSC by central office in Baton Rouge due to behavioral concerns.	
What do I like about my home?	I like my staff and my living room.	
What don't I like about my home?	I don't always like my housemates. Sometimes they bother me.	
Do I feel safe in my home and neighborhood?	Yes	
What are my responsibilities around the home?	I have to take care of my things at home but I do need staff to help with most chores.	
What preferences are important to remember in my home life?	It is important that my medical needs are addressed.	
What are the routines and rituals what are important to me?	I do not have any routines or rituals.	
What are my favorite TV shows?	I don't really have a favorite show but I do like to watch television.	
What are my hobbies and leisure activities at home?	I like to write letters and visit.	
What are my favorite foods?	I like all foods.	
What foods don't I like?	I like all foods.	
Do I have a pet?	No	

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Are there any environmental modifications necessary to help me?	No environmental modifications are necessary.	
What supports in my home are most important to me?	Transportation is the support need that is most important to me.	

### Community Life

Category	Go	Want to go	How often do I go now	How often I want to go	Supports needed to go and participate
Restaurant	X	X	At least once a month	At least once a month	Transportation and supervision
Retail Store	X	X	At least once a month	At least once a month	Transportation and supervision
Movies		X		A few times a year	Transportation and supervision
Recreational Area	X	X	At least once a month	At least once a month	Transportation and supervision
Church		X	I do not attend church services regularly	Every Sunday	Transportation and supervision
Family Home	X	X	A couple times a year	At least once a month	Transportation and supervision
Friend Home					
Alternate Living Option					
Festival/Parade	X	X	When such events are local	When such events are local	Transportation and supervision
Sports Event	X	X	A few times a year	A few times a year	Transportation and supervision
Other entertainment					
Bank					

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Category	Go	Want to go	How often do I go now	How often I want to go	Supports needed to go and participate
Other					
Other things that are important in my community life (include places that I don't like to go, precautions that need to be taken and things that I don't like to do: I like to go! My favorite thing to do is eat at restaurants.					

My Roles

Area	Role	Have	Want	Supports needed to participate
Work	Employee of Business and Employment Vocational Program at ARSSC	X	X	Supervision and support of staff
Volunteer				
Education				
Committee Participation				
Self-Advocacy	I am a member of the Self-Advocacy group at ARSSC	X	X	Supervision of staff
Other				
Other things that are important in these areas (Include roles I have played before, but do not want to again) N/A				

Rights/Self-Advocacy

Area	Important to the person	Limited/Restricted	Supported needed to exercise (include if the person needs assistance with decisions and/or advocacy in the area and current limits or restrictions and plan to fade
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Area	Important to the person	Limited/ Restricted	Supported needed to exercise (include if the person needs assistance with decisions and/or advocacy in the area and current limits or restrictions and plan to fade)
1. Right to express own opinion, wants, needs, voting, self-advocacy	Yes	No	Jim independently and verbally expresses his own opinion, want, and needs. He is also supported in making choices throughout his day and is able to get desired items on his own.
2. Right to manage/keep personal funds	Yes	Yes	Jim requires assistance in managing his personal funds and understands the use of money to purchase desired items. He is supported to deposit or cash payroll checks at the bank and his account is monitored by Social Services. This right may periodically be restricted based upon Jim's behavior in accordance with his Behavior Support Plan.
3. Right to choose living arrangements	Yes	No	Jim is a legally competent adult and is supported in exploring alternate living options. He has lived in a variety of different residential placements. Jim has expressed a desire to move. The team is currently working with him to pursue community residential options; however, his behavior is a major barrier to this transition.
4. Right to work for pay and/or receive an education or training	Yes	No	Jim is an employee of the Business and Employment vocational program. He is able to earn money based upon his work performance and completion of tasks.
5. Right to move freely	Yes	Yes	Jim is able to move freely and independently. He uses a walker when walking in his home and outdoors. This right may periodically be restricted based upon Jim's behavior in accordance with his Behavior Support Plan. He has Individualized Crisis Intervention Procedures that are specified in his Behavior Support Plan.
6. Right to participate in social, religious, recreational and community activities	Yes	Yes	Jim participates in various community activities that are scheduled by support staff. He enjoys going on outing and participating in a variety of activities both at ARSSC as well as in the community. This right may



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			periodically be restricted based upon Jim's behavior in accordance with his Behavior Support Plan.
7. Right to privacy	Yes	No	Jim is able to exercise privacy when he desires to do so. He will go to his room at times to be alone and have privacy. He is also able to go to the restroom without supervision of staff.
8. Right to have possessions and clean acceptable clothes	Yes	No	Jim is assisted to select and purchase clothing of his choice. He is always dressed nicely and is well groomed.
9. Right to have private access to telephone.	Yes	Yes	Jim is able to call his mother and sister. He knows their phone numbers and can make calls in private. This right may periodically be restricted based upon Jim's behavior in accordance with his Behavior Support Plan.
10. Right to associate with friends, family members and advocates at reasonable times	Yes	Yes	Should Jim's family visit him, a private area is available if desired. Jim is also supported by staff to travel for family visits. Him being supported by staff for visits, however, may periodically be restricted based upon Jim's behavior in accordance with his Behavior Support Plan.
11. Right to receive and send mail	Yes	Yes	Jim is able to send mail to family, as well as receive mail from family. This right may periodically be restricted based upon Jim's behavior in accordance with his Behavior Support Plan.
12. Right to participate in the development of a habilitation plan written	Yes	No	Jim is interviewed to develop his Individualized Support Plan. He also attends Interdisciplinary Team meetings. Jim's mother receives questionnaires to get her input for the plan and is invited to his annual meeting.
13. Right to be free from intrusive methods, consent to	Yes	Yes	Jim is prescribed psychotropic medications and has a highly restrictive behavior support plan that targets tantrum behaviors. He has

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Area	Important to the person	Limited/ Restricted	Supported needed to exercise (include if the person needs assistance with decisions and/or advocacy in the area and current limits or restrictions and plan to fade)
treatment and know the risks, side effects, and benefits of all interventions			Individualized Crisis Intervention Procedures that are specified in his Behavior Support Plan. In addition, other rights may be periodically restricted based upon Jim's behavior in accordance with his Behavior Support Plan. The Human Rights Committee will be provided monthly updates on Mr. Doe's rights and fluctuation of restrictions coupled with his behaviors.
14. Right to due process	Yes	No	Due process is provided as needed.
15. Right to make arrangements to receive services of own choice.	Yes	No	Jim receives routine and as needed medical and dental services.
16. Right to choose personal diet.	Yes	Yes	Jim receives a regular texture, no added salt, 1800 calorie diet, with prune juice, bran flakes and applesauce (PBA) mixture. He is supported to receive the proper diet.
17. Right to refuse treatment.	Yes	No	Jim is able to freely and independently refuse any treatments.
18. Legal Status	Yes	No	Mr. Doe is a competent adult.
19. Right to be free from abuse/neglect.	Yes	No	Jim is a member of the Self-Advocacy program; one of many aspects covered in Self-Advocacy are individual rights, which includes the right to be free from abuse and neglect. His rights are also reviewed with him when needed but at least annually at the time of his ISP meeting.
Do I need any additional education regarding my rights and/or agency procedures for complaints and reporting of abuse/neglect? no			

Summary of My Health

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Health Category	Diagnosis/Conditions (List all diagnoses in each category based on most recent health assessments)	Current Treatment/Effectiveness	Providers	Provider Type	Date of last consult	Additional Supports Needed
General Health:	NIIDDM  Constipation  Allergic Rhinitis  Gout	Monitor HgA1C, CBG's  Colace  Flonase Nasal spray Claritin  Zyloprim	Dr. Curtis	PMD	09/16/10	ADA diet Weekly CBG HgbA1C Q 3 mos  Daily bowel record, Four Tbsp PBA daily  PRN assessments
Behavioral/ Mental Health:	Schizoaffective Disorder	Depakote Klonopin Thorazine				
Major chronic condition causing significant decline:	None					
Rapid decline in functional skills	None					

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Health Category	Diagnosis/Conditions (List all diagnoses in each category based on most recent health assessments)	Current Treatment/Effectiveness	Providers	Provider Type	Date of last consult	Additional Supports Needed
Any other major health even in the past year:	None					
Newly Diagnosed Conditions:	None					
Allergies:	Tomatoes, Iodine, and Seafood.					
What other assistance or supports do I need to make health decisions and stay healthy? Annual physical exam and review of lab work by primary physician, quarterly reviews by primary nurse.						

Comprehensive Functional Assessment & Case Formulation

**Personal Information & Goals**

What are previous goals the person has achieved, including important learning experiences?	See Action Plans which are filed in the Integrated Record.
What sets the stage for positive learning experiences?	Transportation is the support need most important to me. I desire staff who encourage me to exhibit good behavior and praise me when I am good. I also want staff who provide me with opportunities to participate in activities and socialization
What previous learning based supports has the person worked	See ARSSC Supplement "Summary of Supports" and current Action Plan.

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on and the effectiveness of these supports?	
What is the person's present status related to personal goals and learning based supports?	See current Action Plan.
What might help with achieving his/her life vision (summary of strengths)?	<i>Under section "Important Things to Know About Me" copy question "What are my strengths and talents?"</i>
What gets in the way of current life vision (summary of challenges)?	I have the following challenges: <i>Under section "My Goals" copy list under Challenges"</i>

**Behavior & Psychiatric Issues:**

What are previous psychiatric and behavioral concerns experienced by this individual?	Jim has had several psychiatric and behavioral concerns in the past and has been in and out of the state system for about 20 years. Jim will usually become upset after having lived somewhere for about 6 months and began to tantrum in order to be moved to a new location in a new area of the state.
What previous treatments has the person received, including medications, behavioral interventions, and hospitalizations, and the effectiveness of these interventions?	Unsure as to all previous treatments that Jim has had. Jim has been prescribed many different medications in the past and they are as followed: Mellaril, Ativan, Trileptal, Cogentin, Inderal, Haldol, Benadryl, Topamax, Neurontin, Geodon, Risperdal, Propranolol, Cymbalta, Abilify, and Zyprexa. Jim has been hospitalized many times in the last twenty years. Last known hospitalized for psychiatric issues was October 2009. Medications and previous treatments have not been truly successful in managing his behaviors.
What are the current behavioral and psychiatric concerns for this person including diagnoses and	Schizophrenia: Undifferentiated Type (DSM-IV-TR, 295.90), Anxiety Disorder, NOS (DSM-IV-TR, 300.00), Bipolar Disorder, NOS (DSM-IV-TR, 296.80), Psychotic Disorder, NOS (DSM-IV-TR, 298.9), and Moderate Mental Retardation

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behavioral descriptions?	
What events set the stage for behavioral challenges or psychiatric symptoms?	Jim's tantrums usually are a result of him being unable to get his own way.
What triggers (antecedents) the behavioral challenges and psychiatric symptoms?	Jim is denied any thing that he requests is usually a trigger for his behaviors.
What reinforces the behavioral challenges and psychiatric symptoms? What other factors including medical factors impact the behavioral challenges and psychiatric symptoms ongoingly?	Due to Jim's diagnosis of Schizophrenia: Undifferentiated Type (DSM-IV-TR, 295.90), Anxiety Disorder, NOS (DSM-IV-TR, 300.00), Bipolar Disorder, NOS (DSM-IV-TR, 296.80), Psychotic Disorder, NOS (DSM-IV-TR, 298.9), and Moderate Mental Retardation he is unable to except that everything cannot happen when he wants it to happen. He knows how to manipulate people into getting what he wants. He has roughly 20 years of learned behaviors. Jim feels that his medication needs to be adjusted regularly in order for him to get the benefit of the medication. Jim sees the psychiatrist regularly.
What current medications and treatments is the person receiving and how effective are they, including rationale for treatment and link to the person's personal goals?	Jim currently is prescribed Seroquel, Trazodone, Thorazine, Klonopin, Depakote, and Buspar. Jim is on a BSP for his tantrum behaviors and is also on a token economy system which appears to be effective in helping to manage his tantrum behaviors. He also has an individualized crisis intervention procedure in place that protects him and his peers in the event of a tantrum episode.

**Medical & Therapeutic Issues:**

What are previous medical and therapeutic concerns experienced by this individual?	See Assessment Findings section of the ISP Health Assessment.
What previous treatments has the person received, including	See Assessment Findings section of the ISP Health Assessment.

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medications, significant medical interventions, and hospitalizations, and the effectiveness of these interventions?	
What are current medical concerns for this person including diagnoses?	See Current Medications Table, Assessment Findings and Health Supports Recommendations to IDT sections of the ISP Health Assessment.
What are the current medical risk factors for this person?	See Significant Risk Table of the ISP Health Assessment.
Do these diagnoses and risk factors limit independence, wellness, or quality of life at this time?	Not at this time.
What factors trigger any of the symptoms of these diagnoses or risk factors?	See Significant Risk Table of the ISP Health Assessment.
What factors perpetuate the symptoms ongoingly?	See Assessment Findings section of the ISP Health Assessment.
What are we doing to treat the medical issues and mitigate the risk factors, including current medications and treatments?	See ISP Health Assessment Document.

Significant Risks

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Health Risk	Reason for Risk	Current Supports/ Effectiveness	Provider (s)	Date of last consult	Additional Supports Needed
a. Fractures	None				
b. Seizures	None				
c. Pneumonia	None				
d. Skin Breakdown	None				
e. Choking	I do not exhibit overt signs or symptoms of dysphagia at this time	I am supported with a regular consistency diet, thin liquids and to follow safe dinning guidelines.	DSP Staff	9/14/10	N/A
f. Aspiration	I do not exhibit overt signs or symptoms of dysphagia at this time	I am supported with a regular consistency diet, thin liquids and to follow safe dinning guidelines	DSP Staff	N/A	N/A
g. Falls					
h. Other significant risks:	None				

Current Medications

Medication	Dose	Frequency	Use (Diagnosis/ Condition)	Possible Side Effects	Prescribing Physician	Person Responsible for Administration
Zyloprim	100 mg	Daily	Gout	Drowsiness, Upset	Dr. Curtis	CMA



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Medication	Dose	Frequency	Use (Diagnosis/ Condition)	Possible Side Effects	Prescribing Physician	Person Responsible for Administration
(Allopurinol)				Stomach, Nausea, Diarrhea, Vomiting and Headache		
Klonopin (Clonazepam)	2 mg	HS	Schizoaffective Disorder	Indigestion, Change in Appetite, Nausea, Seizures, Drowsiness, Dizziness, Headache, Tiredness or Weakness may occur. Mood Changes, Sleeplessness, Excessive Hair Growth or Loss of Hair, Blurred Vision, Dry Mouth,, Sore Gums, Change in Sex Drive, Muscle Pain and Weight Changes may also occur.	Dr. Curtis	CMA
Desyrel (Trazodone)	300 mg	HS	Depression	Drowsiness, Dizziness, Blurred Vision, Loss of Appetite, Dry Mouth, Strange Taste in Mouth, Anxiety, Restlessness or	Dr. Curtis	CMA

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Medication	Dose	Frequency	Use (Diagnosis/ Condition)	Possible Side Effects	Prescribing Physician	Person Responsible for Administration
				Sweating		
Colace	100 mg	Daily	Constipation	Flatulence, Abdominal Cramping	Dr. Curtis	CMA
Seroquel XR (Quetiapine)	800 mg	HS	Schizoaffective Disorder	Unusually Fast or Slow Heartbeat, Constipation, Drowsiness, Dizziness, Stomach Pain or Upset, Weight Gain or Dry Mouth	Dr. Curtis	CMA
Depakote ER (Valproic Acid)	1000 mg	HS	Schizoaffective Disorder	Diarrhea, Dizziness, Drowsiness, Hair Loss, Blurred/Double Vision, Ringing in the Ears, Shakiness (Tremor), Unsteadiness, Weight Changes	Dr. Curtis	CMA
Thorazine	100 mg	Every AM	Schizoaffective Disorder	Constipation, Drowsiness, Vision Changes, or Dry Mouth	Dr. Curtis	CMA
Flonase (Fluticasone)	1 spray in each nostril	Daily	Allergic Rhinitis	Nasal dryness or Irritation, Nausea, Vomiting, Wheezing or Cough	Dr. Curtis	CMA

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Medication	Dose	Frequency	Use (Diagnosis/ Condition)	Possible Side Effects	Prescribing Physician	Person Responsible for Administration
ASA	81mg	Daily	Hx of CVA/ Arthritis NOS/CAD	Stomach Upset, Heartburn, Loss of Appetite or Dizziness	Dr. Curtis	CMA
Thorazine	200 mg	HS	Schizoaffective Disorder	Constipation, Drowsiness, Vision Changes, or Dry Mouth	Dr. Curtis	CMA
Folvite (Folic Acid)	1 mg	Daily	Health Maintenance		Dr. Curtis	CMA
Claritin (Loratadine)	10 mg	Daily	Allergic Rhinitis (Maintenance Dose)	Headache, Drowsiness, Fatigue, Insomnia, Nervousness, Dry Mouth	Dr. Curtis	CMA
Peridex 0.12%	Swab Gums	BID	Gingivitis	Staining of the teeth or tongue, Changes in taste, Mouth irritation or Mouth sores	Dr. Curtis	CMA
Aquaphor Natural Healing Ointment 52.5	Apply to Feet	BID	Heel/Callous		Dr. Curtis	CMA
Enablex	7.5 mg	Daily	To treat an overactive bladder (relaxes muscles of bladder &	Dry Mouth/Eyes, Blurred Vision, Constipation, Nausea, Stomach Upset/Pain, Dizziness, Weakness	Dr. Bowie	CMA

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Medication	Dose	Frequency	Use (Diagnosis/ Condition)	Possible Side Effects	Prescribing Physician	Person Responsible for Administration
			improves your ability to control urination)			

Assessments, Screenings, and Reviews that I have had

What	Type (A=assessment S=Screening R=Review)	Include date	Needed/Due	Timeframe due
SIS/LA Plus				
Physical	Exam	4/19/10		
Dental				
Other Physician (list)				
Risk Assessment				
Assistive Technology				
Occupational Therapy				
Physical Therapy				
Psychiatric				
Psychological (Diagnostic)				
Behavioral Functional				

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What	Type (A=assessment S=Screening R=Review)	Include date	Needed/Due	Timeframe due
Analysis				
Nutrition				
Speech and Language				
Financial				
Rights				
Learning Style				
Decision Making				
Critical Incident Review				
Daily and Alternative Schedule				
Vocational				

### MY GOALS

Based on the person's vision, where do they see themselves in one year? What do they hope to accomplish at work, at home (day or school), for fun and leisure, in the community, with relationships or with their decision making? Throughout this year, I will work on increasing my skills to be more successful in life. I will work on communication more clearly, understanding my rights more thoroughly, and sharpening my comprehension skills. I will work on managing my money and self-administering my medication. Throughout the year, I will also strive to maintain and exercise good behavior and healthy strategies to manage my anger.

Strengths	Challenges
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<p>I am independent in most aspects of daily life.</p> <p>I am an excellent communicator.</p> <p>I enjoy visiting with others.</p> <p>I have a good relationship with my mother.</p> <p>I am a good self-advocate.</p> <p>I have a good understanding of my rights and the procedures in my Behavior Support Plan.</p>	<p>I sometimes need verbal prompts to use slow, exaggerated speech so that others can better understand me.</p> <p>I exhibit aggressive behaviors at times when I do not use healthy strategies to manage my anger.</p> <p>I do not always direct questions to appropriate sources, often telling everyone an issue that I would like to be addressed.</p>
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Comprehensive Functional Assessment & Case Formulation

Barriers to Transition:

What are the major barriers to the individual living and/or working in a community setting?	<p>The biggest barrier to Jim living and working in a community setting is his behavior. For example, when exhibiting tantrum behaviors, he will engage in one or all of the following:</p> <ul style="list-style-type: none"> <li>• He will hit, kick, and push others.</li> <li>• He will also throw objects at staff and peers. He has been known to throw items such as furniture, his walker, and anything he thinks he can break.</li> <li>• He may attempt to or successfully hurt himself in order to go to the doctor or get the desired attention for which he is looking.</li> <li>• He will threaten to kill or harm himself in order to receive medical attention.</li> </ul>
What has been tried in the past to remove these barriers and how effective have these strategies been?	Jim has lived in multiple community settings but was not successful due to his maladaptive behaviors.
What is currently in place to address these barriers?	Currently, he is learning healthy strategies to use to control his anger and he has a highly restrictive behavior support plan.

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### Most Integrated Setting

What is the best place for the person to live and receive supports?	At this time, ARSSC is the best place.
What is the best place for the person to work (receive education) and receive supports?	A sheltered workshop is the best place for me to work at this time due to my aggressive behaviors.
Where would the person like to live and receive supports?	I would like to live in the community – my own apartment.
Where would the family/guardian like for the person to live (and receive supports)?	My family wants me to live where I am supported to manage my aggressiveness.
What is the community education plan for this person (and family/guardian)?	I am learning health strategies and must successfully manage my behaviors before moving. I must also learn to exhibit patience and to direct health related questions in an appropriate fashion and to the appropriate source.
What supports would the person need to live in the community?	Jim would need staff who encourage him to exhibit good behavior and praise him for doing so. He would also need an effective behavior support plan to address incidents of aggression.
What skills could the person learn that would increase his/her ability to live more	I am learning health strategies and must successfully manage my behaviors before moving. I must also learn to exhibit patience and to direct health related questions in an appropriate fashion and to the appropriate source.

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independently in the community?	
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Community integration options: Indicate whether the following community service options are recommended for the individual. If they are not recommended, the IDT must indicate why.

Community Option	Recommended	If "No" explain why.
New Opportunity Waiver	No	Jim has a history of engaging in severe aggressive and other maladaptive behaviors. Multiple previous community residencies were not successful due to his maladaptive behavior. He is not yet stable and consistent in managing his behaviors; however, he is working toward this.
Supports Waiver	N/A	
Children's Choice Waiver	N/A	
Residential Placement		Jim has a history of engaging in severe aggressive and other maladaptive behaviors. Multiple previous community residencies were not successful due to his maladaptive behavior. He is not yet stable and consistent in managing his behaviors; however, he is working toward this.
Individual and Family Support	N/A	
Support Coordination	N/A	
Cash Subsidy	N/A	
Residential Option Waiver	N/A	



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## ARSSC Supplement

## I. Additional Supports

Type of Support	Area	Summary of Support (Method of Address)
<b>Health Supports</b>	Diagnoses (not requiring treatment)	GERD
	Oral Hygiene	Mr. Doe is not resistive to dental hygiene.
	Dental	<p>11/03/09: Jim was seen by Dr. O'Rourke-Allen for dental problems. He had an abscess to his lower gums. Pen VK 500 mg 1 by mouth every 6 hours (Dispense 28) and Motrin 800 mg 1 by mouth every 8 hrs prn pain was ordered.</p> <p>11/23/09: Dr. O'Rourke-Allen saw Jim for complaints of a swollen jaw and pain (Abscess/Non-restorable root tips #19 &amp; #20). Pen VK 500 mg by mouth every 6 hours (dispense #28) and Ibuprofen 800 mg (1 every 8 hrs prn pain). Jim was referred to Dr. Schneider.</p> <p>12/15/09: Jim had a surgical excision of 7 residual root tips per Dr. Schneider. Clear liquids and advance to soft foods as tolerated for 72 hours. Ice packs to surgical site for 24 hours (20 min on/20 min off). Warm salt water rinses 4x/day starting day after surgery. Vicodin ES ordered for pain, Amoxicillin 500 mg by mouth 4x/day ordered for 5 days. Reglan 10 mg prn for nausea was ordered.</p> <p>04/26/10: Dr. O'Rourke-Allen saw Jim for an emergency exam for a complaint of a broken tooth. #30 broken tooth was non-restorable. Referred to Dr. Sonnier for treatment and x-rays.</p> <p>05/10/10: Jim had an appointment with Dr. M. Sonnier for work/extraction of tooth #30. Extraction was not performed due to an abscess. Amoxil 875 mg twice a day by mouth for 7 days was ordered. Jim was referred to Dr. Schneider for extraction.</p> <p>05/19/10: Dr. Schneider saw Jim for surgical removal of residual roots #9, #4, #8, #20, #17, #18, #19.</p>

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		05/24/10: Jim had an extraction of tooth #30 with Dr. Schneider at Acadiana Oral & Facial Surgery Hospital in Lafayette. New orders were: Vicodin ES (7.5mg) one by mouth every 4 hours prn pain, Amoxicillin 500 mg one by mouth four times a day for four days and Reglan 10 mg one by mouth for nausea.
	Medication Administration	Jim regularly participates in medication administration. He punches out most of his medications and also initials his MAR. Currently, he is training to document all medication intakes by initialing after each medication on his MAR (skill).
<b>Therapy Services</b>	Nutritional/Physical Support Plan	Mr. Doe has a NPSP to decrease his fall risk (service).
	Alternate Positioning Schedule	None required
	Home Therapy Program	None required
	Work Therapy Program	None required
	Exercise Program	Mr. Doe participates in an exercise program for weight loss and generalized fitness (service).
	Indirect Therapy Program	None recommended
	Direct Therapy Program	None recommended
	Adaptive Equipment	Shower chair with hip belt, Rolling walker (service)
	Other	No other supports are recommended at this time.
<b>Nutritional Services</b>	Diet	Regular texture, no added salt, 1800 calorie diet with four tablespoons prune juice, bran

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		flakes and applesauce (PBA) mixture twice per day
	Food Allergy	Iodine, Seafood, Tomatoes
	Other	N/A
<b>Communications</b>	Receptive	There was no direct receptive language supports provided this year.
	Expressive / Augmentative	Expressive language needs were addressed through an IS objective: <ul style="list-style-type: none"> <li>• Use slow exaggerated speech (skill)</li> </ul>
	Hearing	Hearing screening on 10/01/10, assessment observations of Jim's response intermittent, intruding environmental stimuli, his name, conversational speech, along with interviews with staff suggest Jim's hearing is adequate for communication purposes.
	Mealtime Strategies	Follow Safe Dinning Guidelines
	Diet Consistency	Regular with thin liquids
	Dysphagia	Jim does not have overt signs or symptoms of oral-pharyngeal Dysphagia. His swallowing competency appears within functional limits. A baseline MBS study is not a priority unless the clinical picture changes.
	Adaptive Equipment	No needs identified
<b>Behavioral</b>	Prevention of assaults or injuries to others	Part of Jim's tantrum behavior includes him becoming aggressive to staff and peers. He will hit, kick, and push others. He will also throw objects at staff and peers.  Jim has a Behavior Support Plan to address mentioned concerns (service).
	Prevention of	He has been known to throw items such as furniture, his walker, and anything he thinks he

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	property destruction	can break.
	Prevention of stealing	No known history
	Prevention of self-injury	Part of Jim's tantrum behavior is he will attempt or has hurt himself in the past in order to go to the doctor or get the desired attention that he is looking for at that time.
	Prevention of pica	No known history.
	Prevention of suicide attempts	Part of Jim's tantrum behavior is he will threaten to kill or harm himself in order to receive medical attention.
	Prevention of sexual aggression	No known history.
	Prevention of nonaggressive but inappropriate behavior	No known history.
	Prevention of tantrums or emotional outburst	Jim has a BSP that targets tantrums and emotional outbursts.
	Prevention of wandering	Jim has a history of unscheduled departures when his upset and is having a tantrum.
	Prevention of substance abuse	No known history.
	Maintaining mental health treatments	Jim currently is prescribed Seroquel, Trazodone, Thorazine, Klonopin, Depakote, and Buspar.
	Prevention of other	N/A

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	serious behavior problem (s)	
<b>Crisis Intervention</b>	Need for medical intervention	No history of the need for medical crisis intervention.
	Need for behavioral intervention	Jim has a highly restrictive Behavior Support Plan that includes Individualized Crisis Intervention Procedures.
<b>Safety</b>	History of Significant Life Events	None
	Environmental Modifications	None necessary at this time
	Frequent Injury	Jim is not at risk for frequent injury
	Emergency Preparedness	Jim participates in emergency drills without any concerns. An individualized safety plan is not warranted.
	Avoiding health and safety hazards	Jim is independent in avoiding health and safety hazards as he has a good understanding of hazardous situations and emergencies.
<b>Daily Living</b>	Money Management	Currently, Jim is training to budget and manage money (skill).
<b>Other</b>	Employment	Jim is employed at the Business and Employment vocational program. He is currently training to: <ul style="list-style-type: none"> <li>• Construct door mats (skill)</li> <li>• Cut paper for shredding (skill)</li> </ul>
	Other skills / services	Currently, Jim is working on the following: <ul style="list-style-type: none"> <li>• Recite rights and corresponding responsibilities (skill)</li> <li>• State two things learned from materials read (skill)</li> </ul>

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		<ul style="list-style-type: none"> <li>• Provide a solution to a presented problem (skill)</li> </ul>
	Family Contact	Jim's family is informed of major illnesses or injury. His sister also receives addenda from team meetings held. Jim is also able to call family members, particularly his mother, sister, and a cousin.

## II. Supervision

**General Supervision:** Staff must conduct direct observations of the individual at least once every fifteen (15) minutes. Exceptions that exceed this time frame must be listed in the ILP.

**Situational Close Supervision:** Staff must remain in the defined area at all times; however supports may be provided to other individuals. Individual does not have to be within eye sight at all times, but staff must know that they are in the defined area.

**Situational One-To-One:** Staff must remain in the defined area at all times and may not support any other individual. Individual must be within eyesight at all times. Staff must be positioned in the defined area to intervene if an incident should occur.

**One-To-One:** Staff must remain with the individual throughout all areas and may not support any other individual. Individual must be within eyesight at all times. Staff must be positioned in the defined area to intervene if an incident should occur.

<b>Supervision</b>	Within home	<b>General Supervision:</b> Staff must conduct direct observations of the individual at least once every fifteen (15) minutes.
	Outside home	<p><b>General Supervision:</b> If Jim is exhibiting good behavior without recent events of tantrums, he is able to go outdoors independently; however, staff must conduct direct observations of him at least once every 15 minutes.</p> <p><b>Situational Close Supervision:</b> If Jim has been exhibiting tantrum behavior, he is not able to go outdoors independently. Staff must remain in his immediate area at all times due to history of attempted unscheduled departures when displaying tantrum behavior. Staff, however, may provide support to other individuals.</p>
	Bathing	<b>Situational Close Supervision:</b> Staff must remain in the bathroom at all times when Jim is bathing; however,

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		supports may be provided to other individuals. Jim does not have to be in staff's direct line of vision but staff must know that he is in the restroom.
	Toileting	<b>General Supervision:</b> Staff must conduct direct observations of the Jim at least once every fifteen (15) minutes. Staff must know that Jim is in the bathroom as he may need assistance.
	During meals	<b>General Supervision:</b> Staff must conduct direct observations of the individual at least once every fifteen (15) minutes.
	On Campus escorts	<b>General Supervision:</b> If Jim is exhibiting good behavior without recent events of tantrums, he is able to go outdoors independently; however, staff must conduct direct observations of him at least once every 15 minutes.  <b>Situational Close Supervision:</b> If Jim has been exhibiting tantrum behavior, he is not able to go outdoors independently. Staff must remain in his immediate area at all times due to history of attempted unscheduled departures when displaying tantrum behavior. Staff, however, may provide support to other individuals.
	Day Program	<b>General Supervision:</b> Staff must conduct direct observations of the individual at least once every fifteen (15) minutes.
	Within Vehicles	<b>Situational Close Supervision:</b> Staff must remain in the vehicle at all times; however, supports may be provided to other individuals.
	Within Community	<b>Situational Close Supervision:</b> Staff must remain in Jim's immediate area at all times; however, supports may be provided to other individuals. Individual does not have to be within eye sight at all times, but staff must know that he is in their immediate area.

### III. Authorization for Consent

#### A. Status

Place an "X" by the appropriate legal status.

X	Competent Major
	Continuing Tutorship
	Limited Interdiction
	Full Interdiction

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Curator/Curatrix: N/A

Undercuratrix: N/A

B. Others authorized by IDT to give consent:

Name	Relationship
Dorothy Doe	Sister
Alberta Doe	Mother

IV. Team Summary (to include summarization of addendums for planning year)

Mr. Jim Doe was in attendance of his ISP meeting. His mother, Alberta Doe, was also contacted via telephone to review issues addressed and updates provided throughout the meeting. Jim also spoke with his mother following the ISP.

Throughout the past year, Mr. Doe's team met on multiple occasions to review episodes of tantrum behaviors and address necessary changes to his Behavior Support Plan. An individualized crisis intervention procedure was developed and implemented to better support Jim in minimizing episodes of maladaptive behaviors. Since implementation, the number of episodes has decreased. Currently, the use of these individualized crisis intervention procedures, which includes the use of 4 point restraints, is still being utilized. Presently, Jim is doing well with managing his aggressive behaviors.

Nursing gave Mr. Doe and his team members and complete overview of medical issues discussed and addressed throughout the past year and to come. Throughout the year, Jim saw a physician an average of 4 times a month. The following was reported by Health Services: no eyesight problems; good hearing; Urologist is currently following cystoscopy (large kidney stone removal on 9/2/10); Cardiologist reports normal findings but noted Jim's weight gain and recommended a 1600 calorie diet; no dental concerns at present.

The Communication Department reviewed recommended skills with Jim and team members. Jim agreed that he would like to work on recommended skills. These strategies will be developed and implemented as scheduled. The Therapy Department concurred with the



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Cardiologist's recommendations and will develop an exercise program to increase the amount of time he exercises each week. This strategy will be developed and implemented as scheduled. The Occupational Therapist (OT) also reviewed Jim's use of his walker, which is needed for balance and he is at risk for falling without it. The OT also recommended Jim stand straighter and not lean forward on his walker as much. The Psychology Department reported that Jim is currently getting anger management counseling to acquire strategies to use when angry. At the time of this ISP meeting, Jim has not displayed tantrum behaviors in 2 ½ months.

Jim's team went on to discuss other issues with Jim in relation to his Behavior Support Plan. At this time, both Jim and his team members agree that his reward program should be altered and his rewards should start being spread out, no longer getting one reward per week for managing good behavior. The team now expects more from Jim in order for him to gain a reward; he should not only focus on managing his aggression, but also on other behaviors to increase success in daily life. The Psychology Department will make revisions and discuss changes with Jim before implementing the revised plan.

Jim and his team also selected a date for a visit to his mother. Jim's IPC and at least one male staff from Gauthier will support Jim in visiting his mother at her home on Friday, 11/18/10. This was discussed with Ms. Alberta during the phone call following Jim's ISP meeting. Mr. Doe had no further questions for the team members and no further discussions were held. The meeting was adjourned and Jim's plan is scheduled to implement on 11/8/10.

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Tanya Bujol, IPC/QMRP

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Date

